

# SYNCRO

C O R P O R A T I O N

## Employment Application

Telephone 256-931-7800

Fax 256-931-7920

Please Print or Type

### PERSONAL DATA

Name (Last)	(First)	(Middle)	(Nickname)	Date	
Present Address (Number)	(Street)	(City)	(State)	(Zip Code)	Area Code and Present Phone Number
Permanent Address (Number)	(Street)	(City)	(State)	(Zip Code)	Area Code and Present Phone Number
E-Mail Address	Fax Number			Social Security Number	
Drivers License Number					
Are you a U.S. citizen, permanent resident, asylee or refugee? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If no, do you have the legal right to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please indicate the category of work authorization: _____					
Have you ever been convicted of a felony, or are there currently felony charges pending against you? <input type="checkbox"/> Yes <input type="checkbox"/> No			If so, indicate when and nature of offense.		
Have you ever been employed by Syncro Corporation or a subsidiary? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, state where and dates _____					

### PREFERENCES

Describe briefly the type of work desired \_\_\_\_\_

Professional     Co-op     Technician  
 Intern     Production & Maintenance     Office & Clerical     Other \_\_\_\_\_

Salary range within which you would consider a position \$ \_\_\_\_\_ per year

Date available for employment \_\_\_\_\_

### EDUCATION

Educational Institutions Attended	Street Address, City and State	Graduation Date	Major	Degree	Grade Point Ave. e.g. 2.9/4.0

List additional certifications:

## WORK EXPERIENCE DURING THE LAST TEN YEARS

Start with last employer and attach a list of any additional employment as necessary.

Organization Name and Address Include City and State	Phone Number	Full or Part Time	From Month & Year	To Month & Year	Monthly Earnings	Nature of Work and Name of Immediate Supervisor	Reason For Leaving

Please provide additional information regarding your educational, professional, and/or community experience that you feel would be helpful to us in considering your application (you can exclude all information indicative of age, sex, race, religion, color, national origin and disability.) Attach a list of additional information if necessary.


### U.S. MILITARY DATA (IF APPLICABLE)

From Mo.	From Yr.	To Mo.	To Yr.	Military Assignment and Type of Activity	Highest Rank and Special Training

**Please read carefully:**

In consideration of any employment that may be offered to me by Syncro Corporation, ***I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either Syncro Corporation or myself. Only Syncro Corporation has the authority to change the above and the change must be in writing. I acknowledge that no oral representations or assurances of any kind changes this at-will employment relationship in any way.***

I understand that any position offered to me by Syncro Corporation is conditional upon my completion of a routine medical examination which will include passing the substance abuse screening.

I understand that it is customary for companies to investigate information furnished in employment applications and that my employment, at Syncro Corporation's option may be contingent upon its accuracy. I, therefore, authorize investigation of all matters herein.

May we contact your present employer? ( Please check one) Yes  No  Not Applicable

I certify that all information on this application is accurate to the best of my knowledge. I also understand that false, misleading or deliberate omission of a statement in my application is justification for refusal of employment at Syncro Corporation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Any items on this form which you feel violate Federal or State civil rights legislation need not be completed. We hire only U.S. citizens and lawfully authorized alien workers.

**Syncro Corporation and its subsidiaries are Equal Opportunity Employer's M/F/D/V**

Please return to:

**Syncro Corporation  
P.O. Box 890  
1030 Sundown Dr. NW  
Arab, AL 35016**